

Department of Health

FY 2002 Realigned Budget Structure

FY 2002 Proposed Operating Budget:	\$1,295,195,033
FY 2002 Proposed Capital Budget:	\$22,899,000
FY 2002 – FY 2007 Proposed Capital Improvement Plan:	\$37,619,000

The mission of the Department of Health is to assure equitable access to comprehensive, high quality public health services to all District of Columbia residents and visitors and undertake activities that will support the highest quality of life achievable for District residents and visitors.

The FY 2002 proposed operating budget is \$1,295,195,033, an increase of \$279,913,159, or 27.6 percent, over the FY 2001 approved budget.

Budget Summary

The Proposed FY 2002 operating budget from all funding sources is \$1,295,195,033, an increase by \$279,913,159, or 27.6 percent, over the FY 2001 approved budget. There are 1,360.95 full-time equivalents (FTEs) supported by this budget, an increase of 119.95 FTEs over FY 2001. The increase in the operating budget and corresponding FTEs is largely attributable to expanded funding of the Medical Assistance Program (Medicaid), the Storm Water Program, the inclusion of new health inspectors to conduct environmental, food, health and safety inspections, and the establishment of the new Health Care Safety Net Administration.

The proposed FY 2002 capital budget totals \$22,899,000 for FY 2002 and \$37,619,000 for FY 2002 – FY 2007. This amount includes \$9,317,000 for FY 2002 and \$15,987,000 for FY 2002 – FY 2007 for four existing capital projects as well as \$8,400,000 for FY 2002 and \$15,900,000

for FY 2002 – FY 2007, for seven new capital projects. The new capital program will update and/or replace the existing transitional databases within DOH. The Department of Health's capital budget also includes \$5,182,000 for FY 2002 and \$5,732,000 for FY 2002 – FY 2007 for the Health Care Safety Net Administration.

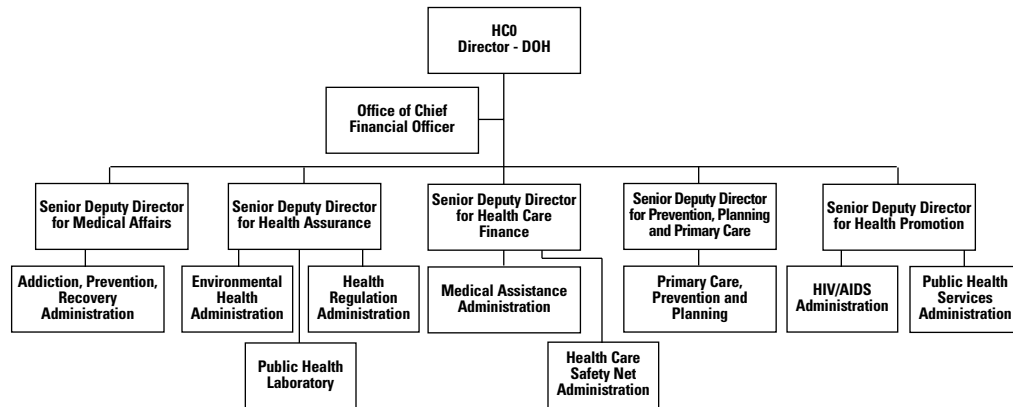
The proposed FY 2002 capital budget totals \$22,899,000 for FY 2002.

Strategic Issues

The Department of Health of the District of Columbia, like many health departments across the nation, has begun the process of shifting its focus from the delivery of direct services toward health assessment, policy development, and quality assurance. The District's health care delivery system is transforming to a system that emphasizes prevention, primary care, and case management to improve the health status of residents. DOH promotes and enhances healthy families, environments and communities throughout the District of Columbia

Figure HC0-1

New organizational Structure



- Ensuring culturally and linguistically competent delivery systems
- Forging public and private partnerships and collaborations
- Assuring safe and healthy environments through licensing and regulation
- Prioritizing Environmental Health resources and functions to protect and enhance both private environments and the “public space”
- Optimizing health care financing to assure access to appropriate care
- Reducing or preventing the risk of disease, dysfunction and premature death

FY 2002 Initiatives

- Implement the approved realignment of DOH’s organizational structure to streamline operations, promote efficiency, and shift focus from delivery of direct services to areas of assessment, policy development and quality assurance.
- Continue to enhance regulatory enforcement programs and independent administrative adjudication office to support extensive rodent abatement initiative, and to solidify compliance gains made in regulating group homes, child care facilities, and environmental health and safety
- Develop a comprehensive risk management plan
- Improve and enhance availability and access to preventive and primary health care services for residents of the District of Columbia
- Complete a new State Health Plan for the District of Columbia, which will provide the

essential basis for planning health care services for residents.

- Redesign the Medical Assistance Administration infrastructure to more effectively evaluate agency performance and ultimately, the impact of system reforms on health status and health behaviors.
- Redesign current mechanisms for financing and delivering long-term care to integrate disabled individuals into the social mainstream and maximize individual choice.
- Develop a Comprehensive HIV/AIDS Plan for the District as well as the statewide coordinated Statement of Need (SCAN).
- Focus on streamlining the Certificate of Need process

New Organizational Structure

The major functional changes in the proposed realignment focus primarily on changes in the Senior Deputy Director responsibilities and the offices that are under each Senior Deputy.

Under the 1997 structure, there were four Deputy Directors: Deputy Director for State Health Affairs; Senior Deputy Director for Public Health Services; Deputy Director for Environmental Health; and Deputy Director for Health Care Finance.

In the proposed realignment, there are five (5) Senior Deputy Directors: Senior Deputy Director for Planning, Prevention and Primary Care; Senior Deputy Director for Health Care Finance; Senior Deputy Director for Health Promotion; Senior

Table HC0-1

FY 2002 Proposed Operating Budget, by Comptroller Source Group

(dollars in thousands)

Department of Health

	Actual FY 2000	Approved FY 2001	Proposed FY 2002	Change from FY 2001
Regular Pay - Cont. Full Time	23,034	27,073	31,221	4,148
Regular Pay - Other	18,068	21,362	23,593	2,232
Additional Gross Pay	3,621	893	871	-22
Fringe Benefits	7,024	8,567	9,541	975
<i>Subtotal Personal Services (PS)</i>	<i>51,746</i>	<i>57,894</i>	<i>65,226</i>	<i>7,332</i>
Supplies and Materials	2,117	2,085	2,807	722
Utilities	86	655	662	7
Communications	1,385	1,214	325	-889
Rentals - Land and Structures	11,664	11,130	10,930	-200
Janitorial Services	0	0	29	29
Security Services	0	0	1,908	1,908
Other Services and Charges	7,355	8,845	14,496	5,651
Contractual Services	91,725	103,450	112,889	9,439
Subsidies and Transfers	839,724	827,786	1,083,519	255,733
Equipment and Equipment Rental	2,297	2,223	2,403	180
<i>Subtotal Nonpersonal Services (NPS)</i>	<i>956,352</i>	<i>957,388</i>	<i>1,229,969</i>	<i>272,581</i>
Total Proposed Operating Budget	1,008,098	1,015,282	1,295,195	279,913

Table HC0-2

FY 2002 Full-Time Equivalent Employment LevelsDepartment of Health

	Actual FY 2000	Approved FY 2001	Proposed FY 2002	Change from FY 2001
Continuing full time	440.50	832.00	733.00	-99.00
Term full time	443.25	409.00	627.95	218.95
Total FTEs	883.75	1,241.00	1,360.95	119.95

Deputy Director for Medical Affairs; and Senior Deputy Director for Health Assurance.

Agency Background

As the agency charged with preventing disease and promoting health in the District, the Department of Health (DOH) potentially touches all of the citizens of the District, its visitors, and people worldwide. Over the years since its establishment in 1997, the department has grown in reaction to priority issues without defining a cohesive framework that reflects priorities or the general overarching direction for public activities throughout the District.

As a result, the department today, as it is officially structured, most resembles a collection of targeted programs and administrations, and the primary attention of the department is directed more toward administering programs than performing public health functions. DOH administrative functions have evolved to support categorically funded and managed programs that too frequently operate in isolation.

Need for Realignment

The District of Columbia Department of Health holds the responsibility for ensuring that the functions of public health exist for the citizens of the District. As the department strives to carry out its mandated programmatic duties and responsibilities, it is challenged to develop a cohesive approach to health improvement. By ensuring that its management and resources are aligned in effective public health practice, the department can be more confident that it is working successfully among the many components of the District's public health system and that coordinated programmatic efforts demonstrate impact on the public health priorities of the Director.

Benefits:

The expected benefits of the realignment are:

- Priorities will be clear within or between programs so that resources can be allocated efficiently and programs can be implemented efficiently.
- Program management strategies will be linked in department wide evaluation and the impact or cost effectiveness of the department's efforts will be determined.
- Programs will be aligned to achieve public health priorities.
- Customer service will improve.

Realignment of Programs

The FY 2002 proposed budget for the Department of Health supports eleven major program areas (i.e. Control Centers); (1) Medical Assistance Administration; (2) Health Care Safety Net Administration; (3) HIV/AIDS Administration (HAA); (4) Addiction and Recovery Administration; (5) Public Health Services Administration; (6) Environmental Health Administration; (7) Primary Care, Preventive and Planning Administration; (8) Health Regulations Administration; (9) Office of the CFO; (10) Public Health Laboratory; and (11) Management Support Services (i.e. Director's Office). These program areas are discussed below.

(1) Medical Assistance Administration

The Medical Assistance Administration (MAA) is responsible for developing and implementing a comprehensive plan to finance and design an accessible, efficient and cost-effective health care service delivery system for indigent and uninsured residents of the District of Columbia. It serves as the single state agency for the District government for policy development and the administration of the Medical Assistance Program authorized by Title XIX of the Social Security Act and D.C. Code § 1-359 (Medicaid Program). It also serves as the single state agency for policy development and administration of the State Children's Health Insurance Program authorized by Title XXI of the Social Security Act and D.C. Code § 1-360.2.

In FY 2001 Medicaid funding represented over \$850 million or over 80 percent of the overall DOH budget. Of the total Medicaid funding in FY 2001, approximately \$200 million was allocated to the provision of acute inpatient hospital care. By the end of FY 2001, the agency projects to spend over \$220 million on the provision of long-term care services, including skilled nursing home care and intermediate care services for the mentally retarded. The D.C. Healthy Families program (Medicaid Managed Care program) accounts for approximately \$183 million in projected expenditures for FY 2001.

The Medicaid program provides health care services to over 130,000 District residents. An array of health care services is provided to the District's most vulnerable populations. For FY 2002, \$2,419,210 in local funds has been added to

Table HC0-3

FY 2002 HCO Proposed Operating Budget, by Revenue Type

(Dollars in Thousands)

Department of Health

	Actual FY 1998	Actual FY 1999	Actual FY 2000	Approved FY 2001	Proposed FY 2002
Local	294,040	310,781	325,339	314,906	424,657
Federal	608,146	658,100	673,080	690,295	851,753
Private	60	0	51	0	0
Other	4,184	5,610	8,354	9,680	12,676
Intra-District	3	297	1,274	401	6,110
Gross Funds	906,434	974,789	1,008,098	1,015,282	1,295,195

the Medicaid budget to support the expansion of the Immigrant Children program. This program finances health care coverage to approximately 800 uninsured immigrant children living in families at or below 200 percent of the federal poverty level (FPL). These children will have access to critical preventive health and primary care services. Also included in the FY 2002 proposed budget for MAA is an increase of \$3,880,000 in local funds to extend health care coverage to poor, uninsured adults without children at or below 50 percent of the FPL who are not eligible for traditional Medicaid participation.

The FY 2002 proposed budget for MAA totals \$1,029,169,687 representing an increase of \$186,966,795, or 22 percent, over FY 2001. The local fund budget for FY 2002 is \$280,694,687 which is an increase of \$32,055,201, or 13 percent, over FY 2001. There are 125 full-time equivalents supported by this budget.

The DOH realigned budget structure includes adjustments to MAA. The adjustments will appropriately allocate federal and local Medicaid funding and create three new responsibility centers to improve tracking of federal Medicaid payments to other District agencies.

(2) The Health Care Safety Net Administration (HCSNA)

The Health Care Safety Net Administration (HCSNA), is a new unit within the Department of Health that is responsible for the management and monitoring of a contract designed to deliver comprehensive community-based health care services to indigent and uninsured District residents.

The HCSNA will provide all health services previously provided through the Public Benefit Corporation (PBC) Subsidy. The FY 2002 proposed budget for HCSNA is \$80,445,120. Local funds for the HCSNA totals \$75,000,000.

(3) HIV/AIDS Administration

The HIV/AIDS Administration (HAA) is responsible for the provision, management planning and coordination of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) services and programs in the District. HAA is responsible for a broad array of services including education and prevention, provision of free HIV/AIDS related medications; Health and Support Services housing assistance to HIV/AIDS infected persons, and HIV/AIDS Surveillance. The Administration projects that 2,200 clients will receive free HIV/AIDS related medications and approximately 3,200 HIV/AIDS infected individuals will receive housing and support services.

The FY 2002 proposed budget for HAA is \$58,531,148, an increase of \$4,026,296, or 7 percent, over the FY 2001 approved budget. This includes \$9,354,674 in local funding. The local funds increased by \$670,173, or 8 percent, over the FY 2001 approved budget. The increase is the net result of the redirection of \$700,000 from the Medical Assistance Program to support the Ryan White Title II Grant Program, which is partly offset by a reduction of \$29,827 in the HAA's budget. There are 141 FTEs supported by this budget. Under the DOH realigned structure, two responsibility center functions have been modified.

Table HC0-4

Capital Improvement Plan, FY 2000 - FY 2007

(Dollars in Thousands)

Department of Health

Cost Elements	EXPENDITURE SCHEDULE										
	Through FY 2000	Budgeted FY 2001	Total	Year 1 FY 2002	Year 2 FY 2003	Year 3 FY 2004	Year 4 FY 2005	Year 5 FY 2006	Year 6 FY 2007	6 Years Budget	Total Budget
a. Design:	344	10,815	12,159	5,667	4,835	2,835	50	0	0	13,387	16,546
b. Site:	0	200	200	0	0	0	0	0	0	0	200
c. Project Mngmnt:	166	272	438	1,515	750	250	0	0	0	2,515	2,953
d. Construction:	1,761	6,769	8,530	12,617	3,750	1,000	0	0	0	17,367	25,897
e. Equipment:	0	2,480	2,480	3,100	1,250	0	0	0	0	4,350	6,830
Total:	2,271	20,536	22,807	22,899	10,585	4,085	50	0	0	37,619	60,426

Cost Elements	FUNDING SCHEDULE										
	Through FY 2000	Budgeted FY 2001	Total	Year 1 FY 2002	Year 2 FY 2003	Year 3 FY 2004	Year 4 FY 2005	Year 5 FY 2006	Year 6 FY 2007	6 Years Budget	Total Budget
a. Long Term Financing:	5,882	4,459	10,341	12,095	4,550	2,000	0	0	0	18,645	28,986
b. Tobacco Securitization:	0	0	0	0	0	0	0	0	0	0	0
c. Grants:	0	0	0	0	0	0	0	0	0	0	0
d. Pay Go:	0	8,000	8,000	0	0	0	0	0	0	0	8,000
e. Hwy Trust Fund:	0	0	0	0	0	0	0	0	0	0	0
f. Equipment Lease	0	1,800	1,800	0	0	0	0	0	0	0	1,800
g. Alternative Financing	0	0	0	8,400	5,500	2,000	0	0	0	15,900	15,900
h. Other:	5,740	0	5,740	0	0	0	0	0	0	0	5,740
Total:	11,622	14,259	35,881	20,495	10,050	4,000	0	0	0	34,545	60,426

(4) Addiction Prevention and Recovery Administration

The Addiction Prevention and Recovery Administration (APRA) serves as the coordinating entity for substance abuse services in the District of Columbia. APRA provides intake, assessment and referral, education, outpatient treatment, inpatient detoxification and residential services for persons addicted to alcohol, tobacco and other drugs.

The total FY 2002 proposed budget for APRA is \$37,051,254, including \$24,308,567 in local funds. The proposed FY 2002 budget includes \$7,500,000 in local funds to support the Choice of Drug Treatment Program. Under this program, eligible District residents who seek substance abuse treatment may choose among treatment providers certified by APRA. A total of \$2 million of APRA's local funds will be designated for a two-year substance abuse pilot program for youth ages 16

through 21. Under the DOH realigned structure, the Office of Emergency Health and Medical Services has been moved under APRA. There are 196 FTEs supported by this budget.

(5) Public Health Services Administration

The total FY 2002 proposed budget for Public Health Services Administration (PHS) is \$30,491,278, which includes \$7,335,019 in local funds. Of these local funds, \$4,702,000 will be allocated to school health programs. The PHS has been expanded to include two new responsibility centers, the State Center for Health Statistics and the Office of Information Technology. The Maternal and Child Health Services has been renamed the Office of Maternal and Family Health. There are 222 FTEs supported by this budget

(6) Environmental Health Administration

The Environmental Health Administration (EHA) provides services for the prevention and control of air pollution; abatement of asbestos and lead hazardous waste and underground storage tanks; and inspections to ensure that food, drugs and medical device products are safe for use by the public and safe for their intended purposes.

EHA pursues regulatory compliance activities to ensure that health and safety standards are met by public and private entities operating within the District of Columbia. These activities include education, outreach, and when appropriate, administrative enforcement actions brought before DOH's newly created Office of Adjudication and Hearings, an autonomous DOH component, charged with providing fair and efficient hearings in administrative matters falling within DOH's jurisdiction.

EHA, through a contractual agreement, ensures the provision of animal disease control services to protect the health and safety of District residents and visitors. In FY 2002, \$1,050,000 will be allocated to this critical public health function. This amount represents an increase of \$400,000 over FY 2001.

The total FY 2002 proposed budget for EHA is \$27,682,654, which includes \$11,355,373 in local funds. The total FY 2002 budget represents an increase of \$6,005,547, or 28 percent, over the FY 2001 approved budget, of which the local funds increased by \$2,383,709 or 27 percent. There are 318.5 FTEs supported by this budget. Under the DOH realigned structure, the Public Health Laboratory has been moved under EHA. A new responsibility center, Vector Control, has been established.

(7) Primary Care, Prevention and Planning Administration

As the Primary Care, Prevention and Planning Administration moves into FY 2002, it will focus on Health Profession Shortage Areas east of the Anacostia River. This program will partner with the Deputy Mayor for Economic Development as an incentive program to attract physicians and other health-related businesses to under-served areas in wards 7 and 8. Capital funds will be dedicated to renovating abandoned buildings and converting them

into attractive, well-equipped primary care facilities.

The Women's Health program provided 1,300 free mammograms and 1,200 free Pap smears to uninsured women in FY 2000. In the upcoming year, the program will increase utilization by 20 percent and expand its screening to include ovarian cancer.

The Immunization program has already achieved a 95 percent immunization rate in children. This program is moving toward meeting the challenge of adult immunization, with emphasis on influenza and hepatitis B vaccination.

The Tuberculosis (TB) program provides Directly Observed Therapy, which has provided 90 percent of tuberculosis patients with a full course of treatment for tuberculosis. The program is currently developing initiatives to better identify and treat co-existing conditions such as AIDS and substance abuse inpatients with tuberculosis, and to expand neighborhood-based screening for TB.

The total FY 2002 proposed budget for Primary Care, Prevention and Planning is \$14,165,251, which includes \$6,822,070 in local funds. The total FY 2002 budget represents an increase of \$2,870,878, or 25 percent, over the FY 2001 approved budget. Under the DOH realigned structure, the Office of Primary Care, Prevention and Planning Administration will include two new responsibility centers – the Office of Primary Care and the State Health Planning and Development. There are 149 FTEs supported by this budget.

(8) Health Regulations Administration (Formerly State Health Affairs)

The total FY 2002 proposed budget for Health Regulations Administration is \$7,320,312, which includes \$2,891,497 in local funds. This program area will contain one responsibility center, Licensing and Regulation. For FY 2002, the Office of Emergency Health and Medical Services, the State Health Planning and Development, and the State Center for Health Statistics have been realigned to other program areas. There are 101 FTEs supported by this budget.

(9) Office of the Chief Financial Officer

The total FY 2002 proposed budget for the Office of the Chief Financial Officer is \$3,247,824, which includes \$1,501,824 in local funds. There are 30 FTEs supported by this budget.

(10) Public Health Laboratory

The total FY 2002 proposed budget for the Public Health Laboratory is \$471,121, all of which are local funds. There are 8 FTEs supported by this budget.

(11) Management Support Services

The total FY 2002 proposed budget for Management Support Services is \$6,619,384 including \$4,922,168 in local funds. As a result of the realignment, two new Responsibility Centers (RCs) have been established to distinguish functions. Separate RCs will identify the Office of the Chief Operating Officer, and the Office of Adjudication. Total funding for the Office of the Chief Operating Officer is \$362,616 and 4 FTEs, and total funding for the Office of Adjudication is \$747,553 and 9.45 FTEs.

Funding Summary Local

The FY 2002 proposed local operating budget for the Department of Health is \$424,657,000, or 33 percent of total funding. This represents an increase of \$109,751,000, or 35 percent, over the FY 2001 approved budget. Of this increase, \$2,537,762 is for personal services and \$107,213,238 is for nonpersonal services. There are 439 full-time equivalents (FTEs) supported by local funds in this budget. Refer to the FY 2002 Operating Appendices (bound separately) for details. Major changes to the local operating budget include:

- \$75,000,000 increase to establish the Health Care Safety Net Administration (HCSNA)
- \$32,055,201 net increase to address expenditure growth requirements and enhancements to the Medicaid Program including:
 - \$17,504,968 increase to fund provider payment increases
 - \$3,880,000 increase to extend health care coverage to uninsured adults without children
 - \$2,419,210 increase to expand health care coverage for poor and uninsured immigrant children
 - \$6,591,638 increase to support the Medicaid Managed Care program

- \$2,032,758 increase to develop of a resource center to improve health care service delivery to the Disabled and Aging community
- \$1,018,627 increase to enhance performance monitoring of the Medicaid Program
- \$700,000 decrease to reflect a redirection of local funding to the HIV/AIDS Administration to support the Ryan White Title II Grant Program
- \$2,380,496 increase to guarantee federal grant funding for a variety of preventive health services such as:
 - Preventive Health Services Block Grant
 - American Legacy Grant
 - Breast & Cervical Cancer Grant
 - Cancer Registry Grant
 - Traumatic Brain & Injury Grant
 - Primary and Secondary Disability Grant
 - Tobacco Capacity Grant
 - Primary Care Grant
 - State Based Diabetes Grant
- \$1,000,000 increase for EPA Mandate for Storm Water Permit
- \$1,000,000 increase to fund the Health Inspector Program
- \$2,225,598 decrease for the transfer of local funds to the Department of Human Services for the Office of Medical Services for Social Services
- \$4,500,000 decrease for Management Reform and Productivity Savings
- \$1,000,000 increase to fund pharmacy services to the uninsured
- \$743,000 increase to fund school nurse program
- \$400,000 increase to fund animal disease control
- \$500,000 increase to support the Drug Choice Treatment Fund
- \$650,912 increase (i.e. transfer from the Department of Human Services) to support the DOH Office of the Chief Financial Officer
- \$700,000 increase to the HIV/AIDS Administration to reflect a redirection of local funding from the Medical Assistance Administration to support the Ryan White Title II Grant Program.

Federal

The FY 2002 proposed federal operating budget is \$851,752,527, or 66 percent, of all funding sources. The budget consists primarily of federal medicaid funds. The FY 2002 proposed budget reflects an increase of \$161,457,818. This increase is comprised of \$2,894,648 in personal services and \$158,563,170 in nonpersonal services. There are 824.5 full-time equivalents (FTEs), an increase of 72.5 FTEs supported by federal funds.

Other

The FY 2002 proposed operating budget includes \$12,675,942 in other funds (i.e. fees, fines, licenses), an increase of \$2,996,221 over the FY 2001 approved budget. Other funds support 87.45 FTEs.

Intra-District

Less than one percent of all funding sources or \$6,109,564, comes from intra-District funds. The FY 2002 proposed intra-District budget reflects an increase of \$5,708,120. Of this amount, \$5,445,120 is associated with HCSNA. Intra-District funds support 10 FTEs.

Capital Improvement Plan Capital Improvement Program

The Department of Health oversees the delivery of health care services, and the implementation and administration of the District's insurance programs, in addition to serving as the focal point of safeguarding public health within the District. Refer to the FY 2002 Capital Appendices (bound separately) for details.

New Programs

DOH's proposed new capital project will achieve maximum data integration by updating and/or replacing transitional databases with functional "Best Practice" automated solutions. Planned expenditures total \$8,400,000 for FY 2002 and \$15,900,000 for FY 2002 through FY 2007. The following are the new Information Technology Initiatives for DOH:

- \$3,000,000 requested for FY 2002 to re-engineer the Vital Records System
- \$1,600,000 requested for FY 2002 for the Medicaid Data Warehouse

- \$1,500,000 requested for FY 2002 for the Occupational and Professional Licensing System
- \$1,000,000 requested for FY 2002 for the Integration of Children's Databases
- \$300,000 requested for FY 2002 for the HIV/AIDS Metropolitan Care System
- \$450,000 requested for FY 2002 for the Preventive Health Immunization Databases
- \$500,000 requested for for the FY 2002 Environmental Health System,

Ongoing Programs

DOH's current programs focus on general renovation, reconstruction and reconfiguration of the District's many health facilities that serve the uninsured and lower income neighborhoods of the District, including the Sexually Transmitted Disease Clinic, the Immunization program facility, Women's Services Clinic, and the DC Animal Shelter. Planned expenditures total \$9,317,000 for FY 2002 and \$15,987,000 for FY 2002 through FY 2007.

The Department of Health's FY 2002 capital budget includes capital funding associated with the DC General hospital campus. The capital budget totals \$5,182,000 for FY 2002 and \$5,732,000 for FY 2002-FY 2007. This budget funds three existing capital projects for the DC General Hospital. The capital program will address the complete renovation of the existing boiler plant, replacement of windows and construction of new facilities.

Trend Data

Table HC0-3 shows the expenditure history for FY 1998-FY 2002

Agency Goals and Performance Measures

Note: FY 2001 actual figures as of May 2001.

Goal 1: Enhance children's health program.

Strategic Priority Area: Strengthening children, youth, families and individuals.

Manager: Ronald Lewis, Senior Deputy Director for Health Promotion; Herbert Weldon, Senior Deputy Director for Health Care Finance; Andrew Schamess, M.D., the Senior Deputy Director for Prevention, Planning and Primary Care

Supervisor: Ivan C. A. Walks, M.D., Director

Performance Measure 1.1: Increase the number of clients enrolled in WIC

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	17,000	16,600	16,000	17,000	18,000
Actual	16,405	15,067	13,701	-	-

Performance Measure 1.2: Enroll additional high-risk children in the Community Supplemental Food Program

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	900	1,246	1,296	TBD
Actual	NA	946	979	-	-

Performance Measure 1.3: Collaborate with Vaccine for Children Health Care providers to increase immunizations of children (thousands)

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	175.0	200.0	200.0	200.0
Actual	NA	145.3	-	-	-

Performance Measure 1.4: Increase percent of all infants born with significant congenital hearing loss identified by 3 months of age

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	90	90	NA	TBD
Actual	NA	NA	-	-	-

Performance Measure 1.5: Increase the number of children enrolled in the Children's Health Insurance Program (CHIP) by 20 percent

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	NA	20	TBD
Actual	NA	NA	-	-	-

Performance Measure 1.6: Assign 75 percent of children enrolled in Managed Care to a primary care provider within ninety days of enrollment

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	NA	75	TBD
Actual	NA	NA	-	-	-

Goal 2: Collaborate with DC Consortium (D.C. Public Schools, Health Care Safety Net, CMHS, and Foster Care) to enhance school health programs, including establishing school-based adolescent wellness centers.

Strategic Priority Area: Strengthening children, youth, families and individuals

Manager: Ronald Lewis, Senior Deputy Director for Health Promotion

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 2.1: Increase number of school-based teen health clinics or wellness centers opened in DC Public and Charter Schools

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	3	10	7	TBD
Actual	NA	3	-	-	-

Performance Measure 2.2: Provide nursing services to all public and chartered schools in the District of Columbia

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	185	185	185	185
Actual	NA	156	185	-	-

Performance Measure 2.3: Increase the number of students receiving services in the Adolescent AIDS Prevention Program

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	12,819	14,546	18,182	22,727
Actual	NA	12,122	6,000	-	-

Goal 3. Improve the environment through increased rodent and vector control efforts and increased restaurant inspections in the District of Columbia.

Strategic Priority Area: Strengthening children, youth, families and individuals

Manager: Theodore Gordon, Senior Deputy Director for Public Health Assurance

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 3.1: Increase the number of premises abated for rodents

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	1,800	2,000	2,500
Actual	NA	660	822	-	-

Performance Measure 3.2: Increase percentage of food establishments receiving an inspection score of 85 percent or better

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	89	90	TBD
Actual	NA	81	72	-	-

Performance Measure 3.3: Increase the number of NOIs issued for rodent harborage

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	300	800	600
Actual	NA	NA	64	-	-

Performance Measure 3.4: Increase the number of premises inspected for rodent activity

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	6,500	8,500	9,000
Actual	NA	5,169	2,680	-	-

Performance Measure 3.5: Increase the number of premises baited

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	3,500	4,000	4,500
Actual	NA	NA	1,286	-	-

Goal 4. To increase the total recoupment of the Office of Program Integrity by maximizing Third Party Liability and Fraud and Abuse Recoupments.

Strategic Priority Area: Strengthening children, youth, families and individuals

Manager: Herbert Weldon, Senior Deputy Director for Health Care Finance

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 4.1: Increase the percentage of dollars recovered from Medicaid Office of Program Integrity

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	20.0	20.0	20.0	TBD
Actual	NA	70.0	20.0	-	-

Goal 5. Improve the quality of group home inspections.

Strategic Priority Area: Strengthening children, youth, families and individuals

Manager: Theodore Gordon, Senior Deputy Director for Public Health Assurance

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 5.1: Increase the percentage of group home inspections conducted on time

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	50	70	90
Actual	NA	NA	-	-	-

Performance Measure 5.2: Increase the percentage of complaints, number of incidents and inspection deficiencies reported to the appropriate agency and tracked to resolution

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	100	100	100
Actual	NA	NA	75	-	-

Goal 6. Increase efficiency of adjudication services.

Strategic Priority Area: Making government work

Manager: Paul Klein, J.D., Chief Administrative Law Judge

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 6.1: Increase the percentage of cases adjudicated to final order within 90 days of final action

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	80	85	90	90
Actual	NA	90	-	-	-

Performance Measure 6.2: Increase the percentage of overall collections of receivables

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	80	85	90	95
Actual	NA	91	-	-	-

Goal 7. Reduce infant mortality.

Strategic Priority Area: Strengthening children, youth, families and individuals

Manager: Ronald Lewis, Senior Deputy Director for Health Promotion

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 7.1: Increase the number of women entering prenatal care in the first trimester in Wards 5, 6, 7 and 8

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	115	118	130	134	TBD
Actual	115	152	65	-	-

Performance Measure 7.2: Reduce the infant mortality rate per 1,000 live births (percent)

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	13.5	12.0	10.0	TBD
Actual	15.0	NA	-	-	-

Goal 8. Improve access to substance abuse treatment programs.

Strategic Priority Area: Strengthening children, youth, families and individuals

Manager: Larry Siegel, M.D., Senior Deputy Director for Medical Affairs

Supervisor: Ivan C.A. Walks, M.D., Chief Medical Officer

Performance Measure 8.1: Create new drug treatment slots

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	1,000	1,000	1,000	TBD
Actual	NA	1,237	-	-	-

Performance Measure 8.2: Increase treatment availability for Latinos in the District of Columbia (percent)

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	28.0	25.0	23.0	20.0	TBD
Actual	46.3	25.3	-	-	-

Performance Measure 8.3: Decrease the rate of non-compliance of laws related to tobacco sales to minors (percent)

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	28.0	25.0	23.0	20.0	TBD
Actual	46.3	25.3	-	-	-

Performance Measure 8.4: Implement new certification standards for existing and new substance abuse treatment programs in the District of Columbia/performance certification site visits (percent)

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	100 / 5	50	TBD
Actual	-	-	-	-	-

Performance Measure 8.5: Eliminate waiting lists for Methadone treatment services (percent)

	1999	2000	Fiscal Year		
			2001	2002	2003
Target	NA	NA	100	100	TBD
Actual	NA	NA	-	-	-